



**CITY OF SHREVEPORT**  
**DEPARTMENT OF PUBLIC WORKS—SOLID WASTE**  
**1731 KINGS HWY, SHREVEPORT, LA 71103**  
**318-673-6300 Office \* 318-673-6320 Fax**

**APPLICATION FOR BACKDOOR GARBAGE / RECYCLING COLLECTION**  
**FEE EXEMPTION FOR DISABLED CITIZENS**

(Please print legibly or type)

Ref No.: W0

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ SHREVEPORT LA \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby certify that I am the individual listed on this application, and that I am unable to carry my garbage to the curbside for collection. I further certify that there is no one residing with me who is physically able to carry my garbage to the curbside for collection.

Applicant's Signature: \_\_\_\_\_

**PHYSICIAN'S STATEMENT:** ☐ Permanently Disabled ☐ Temporarily Disabled Until  
Release Date: \_\_\_\_\_

I hereby certify that I have examined the applicant listed above, and that this individual is physically unable to carry their garbage to the curbside for collection. I have checked the box above that best describes their disability and will be able to provide any additional documentation if needed.

Physician's Name: (PRINT ONLY) \_\_\_\_\_

Office Address: \_\_\_\_\_ Shreveport, LA Zipcode \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*DO NOT WRITE BELOW THIS LINE \*\***

**COLLECTION DAY** \_\_\_\_\_

**RECORDED:**

- ☐ WEBQA  
☐ APPROACH  
☐ FILED (MONIQUE)

**COUNCIL DISTRICT** DISTRICT

**ROUTE NUMBER:** \_\_\_\_\_

**FOREMAN:** \_\_\_\_\_



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**RE:** Application for backdoor garbage collection— Fee exemption for disabled citizens.

Dear Citizen:

You recently requested information about backdoor garbage collection service for disabled persons. We appreciate your concern about this subject.

The City ordinance which authorizes the change to curbside garbage service established two requirements which must be met before a disabled citizen may receive backdoor garbage service at no charge.

1. The City must be provided with a statement from a physician which certifies that the individual is physically unable to carry his/her garbage to the curbside for collection.
2. The individual must certify that there is no one else in the household who is physically able to carry their garbage to the curbside for collection.

If you believe that you meet these qualifications, or if you are inquiring on behalf of another person, please complete the enclosed application and return it to 1731 Kings Hwy., Shreveport, La. 71103. We will process the application and enter it on our route records.

If you have any questions, please feel free to contact us as 673-6300 or by email: [monique.bruns@shreveportla.gov](mailto:monique.bruns@shreveportla.gov).

Sincerely,

*Frederick G. Williams*

Frederick G. Williams  
Superintendent of Solid Waste